



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: HENRY COUNTY HEALTH

City of Hospital: NEW CASTLE

Year Begin: 01/01/2017 (mm/dd/yyyy format)

Year End: 12/31/2017 (mm/dd/yyyy format)

Person Completing the Report: Diane York

Email Address: yorkd@hcmhcares.org

Medicare Provider Number: 15-0030

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$59080635
Outpatient Patient Service Revenue	\$126128627
Total Gross Patient Service Revenue	\$185209262

2. Deductions From Revenue

Contractual Allowance	\$120569427
Other Deductions	\$997569
Total Deductions	\$121566996

3. Total Operating Revenue

Net Patient Service Revenue	\$63642266
Other Operating Revenue	\$10191538
Total Operating Revenue	\$73833804

4. Operating Expenses

Salaries and Wages	\$27684921	Employee Benefits	\$9874254
Depreciation and Amortization	\$4761974	Interest Expense	\$288666
Bad Debt	\$2537676	Other Expenses	\$31313462
Total Operating Expenses	\$76460953		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-2627149	Total Assets	\$346959502
Net Non-operating Gains over Loss	\$-2954818	Total Liabilities	\$263969380

Total Net Gains	\$-5581967
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$96363243	\$67182799	\$29180444
Medicaid	\$31776738	\$19774783	\$12001955
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$57069281	\$33611845	\$23457436
Total	\$185209262	\$120569427	\$64639835

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$4317305	\$4317305	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$419866	\$-419866
Hospital Patients	\$0	\$2297020	\$-2297020
Community Education	\$0	\$155577	\$-155577

Number of Medical Professionals Trained	315
Number of Hospital Patients Educated	134377
Number of Citizens Exposed to Health Education Messages	250000

Statement Six: Charity Statement

Hospital Charity Charges	\$997569
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$348477	
HCI Payments	\$0		
Subtotal	\$0	\$348477	\$-348477
Medicaid Shortfalls	\$664619	\$10651804	
Subtotal	\$664619	\$11000281	\$-10335662
DSH Payments	\$4,523,430		
Subtotal	\$5188049	\$11000281	\$-5812232
Medicare Shortfalls	\$24416010	\$33662186	
Other Government Programs	\$0	\$0	
Total	\$29604059	\$44662467	\$-15058408

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$778506	\$-778506
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$53313	\$-53313
Other Allocations	\$0	\$22563	\$-22563

Comments

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